

**Medication Bus Transportation Consent and Release
SUU Head Start**

My child, _____ rides the bus to and from SUU Head Start. My child has medication that requires assistance from SUU Head Start employees. I understand that Southern Utah University, Head Start directors and employees, and the State of Utah shall not be, nor later become liable or responsible in any way in conjunction with services provided while participating in this program.

My child's medication will be transported to and from SUU Head Start in a locked container on the bus. Only staff that have direct contact with my child will be allowed to accept, transport or release the medication. I agree to initial the form when I/my designee receive the medication each day. I understand that if my child's medication changes, a new form must be completed before the medication will be transported. This agreement will cancel at end of the current school year or at any time that I request.

Medication Name: _____ Amount: _____

Parent/Guardian's Signature	Initials	Date
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Caregiver Signature (if designated)	Initials	Date
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Bus Driver Signature	Initials	Date
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Bus Monitor Signature	Initials	Date
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Teacher Signature	Initials	Date
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Family Advocate Signature	Initials	Date
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